2.		* ORGA	NIZATIONAL D	UNS:]									
Reset Entiries		* Budge	t Type:	Project	Sub	award/Consortiun	1	,									
Reset Entries		_		_				\neg									
(If the Rese Editives button is pressed, plese navigate to previous year to enable the submission of the form.) A. Senior/Key Person A. Senior/Key Person Prefix *First Name Middle Name *Last Name Suffix					s: [* End Date:		Bud	lget Pe	riod: 1							
A SenioriKey Person Prefix * First Name Middle Name * Last Name Suffix Project Role Base Salary (\$) Months Months Months Salary (\$) Endits (\$) * Funds Requested (\$ 6 2.	(1						ear to en:		_								
Prefix *First Name Middle Name *Last Name Suffix *Project Role Base Salary (\$) Months Months Months Salary (\$) Benefits (\$) *Funds Requested (\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				i is pressec	i, piese navi	gate to previous y	car to crit	able the st	ibiilissi	on or the form.)							
2.			-	me Mi	ddle Name	* Last Nan	ne	Suffix		* Project Role	Base Salary (\$)						* Funds Requested (\$
3.	1.								PD/F	ગ							
Additional Senior Key Persons: B. Other Personnel *Number of Personnel *Project Role Post Doctoral Associates Graduate Students Undergraduate Students Undergraduate Students Total Number of Personnel *Total Senior Key Personnel *Project Role Total Senior Key Personnel *Project Role *Project Role Total Senior Key Person in the attached file *Project Role *Project	2. [
S	3.																
S	4. [
7. Total Funds requested for all Senior Key Persons in the attached file Total Senior/Key Person Additional Senior Key Persons: Add Attachment Delete Attachment View Attachment B. Other Personnel *Number of Personnel *Project Role Post Doctoral Associates Graduate Students Undergraduate Students Secretarial/Clerical Total Number Other Personnel Total Number Other Personnel Total Other Personnel	5. [
8. Total Funds requested for all Senior Key Persons in the attached file Total Senior Key Persons: Add Attachment B. Other Personnel * Number of Personnel Post Doctoral Associates Graduate Students Undergraduate Students Undergraduate Students Secretarial/Clerical Total Number Other Personnel Total Number Other Personnel Total Number Other Personnel Total Number Other Personnel	6. [
9. Total Funds requested for all Senior Key Persons in the attached file Total Senior/Key Person Add Attachment Delete Attachment View Attachment B. Other Personnel Number of Personnel Post Doctoral Associates Graduate Students Undergraduate Students Secretarial/Clerical Secretarial/Clerical Total Number Other Personnel Total Number Other Personnel Total Number Other Personnel	7. [
Add Attachment Delote Attachment View Attachment B. Other Personnel * Number of Personnel * Project Role Post Doctoral Associates Graduate Students Undergraduate Students Undergraduate Students Secretarial/Clerical Total Number Other Personnel Total Number Other Personnel Total Number Other Personnel	8. [
Add Attachment Delete Attachment View Attachment B. Other Personnel *Number of Personnel *Project Role Post Doctoral Associates Graduate Students Undergraduate Students Secretarial/Clerical Total Number Other Personnel Add Attachment View Attachment Total Other Personnel *Fringe Benefits (\$) *Funds Requested (\$) *Fringe Benefits (\$) *Funds	9.	Total Fun	nds requested	for all Se	nior Key Pe	rsons in the atta	ched file	•									
B. Other Personnel *Number of Personnel *Project Role *Fringe Salary (\$) *Personnel *Fringe Benefits (\$) *Funds Requested (\$ *Finds Reque															Total Se	enior/Key Person	
B. Other Personnel *Number of Personnel *Project Role *Project		Additio	nal Senior Key	Persons:						Add Attachment	Delete Attachme	nt \	/iew Attac	hment			
*Number of Personnel *Project Role *Project Role *Pringe Benefits (\$) *Funds Requested (\$) *F																	
Personnel *Project Role Months Months Months Salary (\$) Benefits (\$) *Funds Requested (\$ Post Doctoral Associates Graduate Students Undergraduate Students Secretarial/Clerical Secretarial/Clerical Total Number Other Personnel		B. Othe	r Personnel														
Post Doctoral Associates Graduate Students Undergraduate Students Secretarial/Clerical		* Nu	mber of									Cal.	Acad.	Sum.		* Fringe	
Graduate Students Undergraduate Students Secretarial/Clerical Total Number Other Personnel		Per	rsonnel				* P	roject Ro	le			Months	Months	Months	Salary (\$)	Benefits (\$)	* Funds Requested (\$
Undergraduate Students Secretarial/Clerical]	Post Docto	ral Associat	es											
Secretarial/Clerical			j ,	Graduate S	Students								ī				
Total Number Other Personnel Total Other Personnel				Undergrad	uate Student	s							ī i —				
				Secretarial	/Clerical								1				
			j L										1				
			i i										1 -				
			i i										1 -				
			i i										1 -				
			[1				
													1				
] .	Total Num	ber Other F	Personnel									Total	Other Personnel	
			J									Total	Salary	Wanee			

OMB Number: 4040-0001 Expiration Date: 03/31/2005

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1 * ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/Consortium Enter name of Organization: * End Date: **Budget Period: 1** * Start Date: Reset Entries (If the Reset Entries button is pressed, plese navigate to previous year to enable the submission of the form.) C. Equipment Description List items and dollar amount for each item exceeding \$5,000 * Funds Requested (\$) **Equipment item** 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Total funds requested for all equipment listed in the attached file **Total Equipment** Add Attachment Delete Attachment View Attachment **Additional Equipment:** D. Travel Funds Requested (\$) 1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) 2. Foreign Travel Costs **Total Travel Cost** E. Participant/Trainee Support Costs Funds Requested (\$) 1. Tuition/Fees/Health Insurance Stipends Travel Subsistence 5. Other

Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Number of Participants/Trainees

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1 Next Period * ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/Consortium Enter name of Organization: **Budget Period: 1** * Start Date: * End Date: Reset Entries (If the Reset Entries button is pressed, plese navigate to previous year to enable the submission of the form.) F. Other Direct Costs Funds Requested (\$) 1. Materials and Supplies 2. Publication Costs **Consultant Services** ADP/Computer Services Subawards/Consortium/Contractual Costs Equipment or Facility Rental/User Fees 7. Alterations and Renovations 8. 9. 10. **Total Other Direct Costs G. Direct Costs** Funds Requested (\$) Total Direct Costs (A thru F) **H. Indirect Costs Indirect Cost Indirect Cost** Rate (%) Base (\$) **Indirect Cost Type** * Funds Requested (\$) 1. 2. 3. 4. Total Indirect Costs 0.00 **Cognizant Federal Agency** (Agency Name, POC Name, and POC Phone Number) I. Total Direct and Indirect Costs Funds Requested (\$) Total Direct and Indirect Institutional Costs (G + H) 0.00 J. Fee Funds Requested (\$)

Add Attachment

Delete Attachment

OMB Number: 4040-0001 Expiration Date: 03/31/2005

View Attachment

(Only attach one file.)

K. * Budget Justification

Previou	s Period	RESEAR	CH & RELATED BU	JDGET - SEC	CTION A & B, BUDG	ET PERIOD 2						
* ORGA	ANIZATIONAL DUNS:											
* Budge	et Type: Projec	t 📵 Sı	ubaward/Consortium									
Enter n	name of Organization	n:										
Reset	Entries * Start	Date:	* End Date:	Budget	Period: 2							
(If the Rese	et Entries button is pre	essed, plese na	vigate to previous year to	enable the subm	ission of the form.)							
A. Senior	r/Key Person						Cal.	Acad.	Sum.	* Requested	* Fringe	
Prefix	* First Name	Middle Name	e * Last Name	Suffix	* Project Role	Base Salary (\$)	Months	Months	Months	Salary (\$)	Benefits (\$)	* Funds Requested (\$
]			_ -								
]]										
Total Fu	nds requested for a	□ L II Senior Kev P	Persons in the attached	ile								
										Total Se	enior/Key Person	
Additio	onal Senior Key Pers	sons:			Add Attachment	Delete Attachme	ent Vi	ew Attach	ment			
	•											
B. Oth	er Personnel											
	umber of						Cal.	Acad.	Sum.	* Requested	* Fringe	
Pe	ersonnel		,	* Project Role			Months	Months	Months	Salary (\$)	Benefits (\$)	* Funds Requested (\$
		Doctoral Associa	ates									
	╡	ate Students										
	븍	graduate Stude	nts									
	Secre	tarial/Clerical										
	j											
	i 🗀											
	Total	Number Other	Personnel							Total	Other Personnel	

Total Salary, Wages and Fringe Benefits (A+B)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 2 * ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/Consortium Enter name of Organization: * End Date: **Budget Period: 2** * Start Date: Reset Entries (If the Reset Entries button is pressed, plese navigate to previous year to enable the submission of the form.) C. Equipment Description List items and dollar amount for each item exceeding \$5,000 * Funds Requested (\$) **Equipment item** 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Total funds requested for all equipment listed in the attached file **Total Equipment** Add Attachment Delete Attachment View Attachment **Additional Equipment:** D. Travel Funds Requested (\$) 1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) 2. Foreign Travel Costs **Total Travel Cost** E. Participant/Trainee Support Costs Funds Requested (\$) 1. Tuition/Fees/Health Insurance Stipends Travel Subsistence

Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Number of Participants/Trainees

5. Other

Next Period

* ORGANIZATION	AL DUNS:										
* Budget Type:	Project Subawa	ard/Consortium									
Enter name of Org	janization:		7								
Reset Entries	* Start Date:	* End Date:	Budget Period	: 2							
	□ utton is pressed, plese navigat	e to previous year to ena	ble the submission o	f the form.)							
F. Other Direct Co				Funds Requested (\$)							
1. Materials and S	Supplies										
2. Publication Co											
3. Consultant Ser	vices										
4. ADP/Computer	Services										
5. Subawards/Co	nsortium/Contractual Costs										
6. Equipment or F	Facility Rental/User Fees										
7. Alterations and	Renovations										
8.											
9.											
10.											
	Total Other Direct Costs										
0 Pinat Conta											
G. Direct Costs				Funds Requested (\$)							
		Total Direct C	osts (A thru F)								
H. Indirect Costs		Indirect Cost	Indirect Cost								
	Indirect Cost Type	Rate (%)	Base (\$)	* Funds Requested (\$)							
1.											
2.											
3.											
4.											
		Total	Indirect Costs								
Cognizant Federa	I Agency										
(Agency Name, POC	Name, and POC Phone Numbe	r)									
I. Total Direct and				Funds Requested (\$)							
	Total Direct and In	direct Institutiona	I Costs (G + H)								
J. Fee				Funds Requested (\$)							
0.100				(4)							
				Dalaha Alfashara (1707 Aug 1							
K. * Budget Justifi		tach one file.)	Add Attach	Delete Attachment View Attachment							
	ICHIIV AI	ievai viie iie j									

Previou	us Period	RESEAR	CH & RELATED BU	DGET - SE	CTION A & B, BUDG	ET PERIOD 3						
* ORG	ANIZATIONAL DUNS	:										
* Buda	et Type: Proje	et 📵 Sub	paward/Consortium	_								
	name of Organization											
		t Date:	* End Date:	Buda	et Period: 3							
•	et Entries button is pi r/Key Person	essea, piese nav	igate to previous year to e	enable the sub	mission of the form.)							
	•	Middle Ness	* Last Name	0	* Product Pole		Cal.	Acad.	Sum.	* Requested	* Fringe	* Founda Daniera de de 10
Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Months	Months	Months	Salary (\$)	Benefits (\$)	* Funds Requested (\$
1.				-								
2.												
3.												
4.	<u> </u>											
5.												
6.												
7.												
8.												
9. Total Fu	ınds requested for a	III Senior Key Pe	ersons in the attached f	ile								
										Total Se	enior/Key Persor	1
Additi	onal Senior Key Per	sons:			Add Attachment	Delete Attachme	ent Vi	ew Attach	ment			
B. Oth	er Personnel											
	umber of						Cal.	Acad.	Sum.	* Requested	* Fringe	
P	ersonnel		*	Project Role			Months	Months	Months	Salary (\$)	Benefits (\$)	* Funds Requested (\$
	Post	Doctoral Associa	tes									
	Grad	uate Students										
	Unde	rgraduate Studen	ts									
	=	etarial/Clerical										
	-											
								\vdash				
	 											
	-											
		Normalism Oddining	Danasanal							Tatal	Other Beregana	<u> </u>
	Total	Number Other	Personnei								Other Personne	
							Total S	Salary,	Wages	and Fringe B	enefits (A+B))

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 3 * ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/Consortium Enter name of Organization: * End Date: **Budget Period: 3** * Start Date: Reset Entries (If the Reset Entries button is pressed, plese navigate to previous year to enable the submission of the form.) C. Equipment Description List items and dollar amount for each item exceeding \$5,000 * Funds Requested (\$) **Equipment item** 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Total funds requested for all equipment listed in the attached file **Total Equipment** Add Attachment Delete Attachment View Attachment **Additional Equipment:** D. Travel Funds Requested (\$) 1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) 2. Foreign Travel Costs **Total Travel Cost** E. Participant/Trainee Support Costs Funds Requested (\$) 1. Tuition/Fees/Health Insurance Stipends Travel

Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Number of Participants/Trainees

Subsistence

5. Other

Next Period

* ORGANIZATIONAL DUNS:									
* Budget Type: Project Subaward/Consortium									
Enter name of Organization:									
Reset Entries * Start Date: * End Date:	Budget Period: 3								
the Reset Entries button is pressed, plese navigate to previous year to end	ble the submission of the form.)								
F. Other Direct Costs	Funds Requested (\$)								
1. Materials and Supplies									
2. Publication Costs									
3. Consultant Services									
4. ADP/Computer Services									
5. Subawards/Consortium/Contractual Costs									
6. Equipment or Facility Rental/User Fees									
7. Alterations and Renovations									
8.									
9.									
10.									
Total Oth	er Direct Costs								
G. Direct Costs	Funds Requested (\$)								
Total Direct C	osts (A thru F)								
H. Indirect Costs Indirect Cost	Indirect Cost								
D-4- (0/)									
Indirect Cost Type Rate (%)	Base (\$) * Funds Requested (\$)								
1. Indirect Cost Type Rate (%)	Base (\$) * Funds Requested (\$)								
	Base (\$) * Funds Requested (\$)								
1.	Base (\$) * Funds Requested (\$)								
1	Base (\$) * Funds Requested (\$)								
1	Base (\$) * Funds Requested (\$)								
1									
1									
1									
1									
1	Indirect Costs Funds Requested (\$)								
1	Indirect Costs Funds Requested (\$)								
1.	Funds Requested (\$) I Costs (G + H)								
1	Indirect Costs Funds Requested (\$)								
1.	Funds Requested (\$) I Costs (G + H)								
1.	Funds Requested (\$) I Costs (G + H)								
1.	Funds Requested (\$) I Costs (G + H)								

OMB Number: 4040-0001

Expiration Date: 03/31/2005

Previous	s Period	RESEARC	H & RELATED BU	JUGET - SEC	TION A & B, BUD	GET PERIOD 4						
* ORGA	NIZATIONAL DUNS:											
* Budge	t Type: Project	ct 📵 Suba	ward/Consortium									
Enter na	ame of Organizatio	n:										
Reset E	Entries * Star	Date:	* End Date:	Budge	Period: 4							
If the Rese	t Entries button is pr	essed, plese navig	ate to previous year to	enable the subm	ission of the form.)							
A. Senior/	/Key Person						Cal.	Acad.	Sum.	* Requested	* Fringe	
Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)				Salary (\$)		* Funds Requested (
]
Total Fun	nds requested for a	II Senior Key Per	sons in the attached	file								
										Total Se	nior/Key Person	
Additio	nal Senior Key Per	sons:			Add Attachment	Delete Attachme	ent Vi	ew Attach	ment			
	er Personnel											
	ımber of rsonnel		,	Project Role			Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (
	Post	Doctoral Associate	s									
	Gradu	ate Students										
	Unde	rgraduate Students										
	Secre	tarial/Clerical										
									إليا			
	<u> </u>]
	Total	Number Other Pe	ersonnel							Total	Other Personnel	

Total Salary, Wages and Fringe Benefits (A+B)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 4 * ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/Consortium Enter name of Organization: * End Date: **Budget Period: 4** * Start Date: Reset Entries (If the Reset Entries button is pressed, plese navigate to previous year to enable the submission of the form.) C. Equipment Description List items and dollar amount for each item exceeding \$5,000 * Funds Requested (\$) **Equipment item** 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Total funds requested for all equipment listed in the attached file **Total Equipment** Add Attachment Delete Attachment View Attachment **Additional Equipment:** D. Travel Funds Requested (\$) 1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) 2. Foreign Travel Costs **Total Travel Cost** E. Participant/Trainee Support Costs Funds Requested (\$) 1. Tuition/Fees/Health Insurance Stipends Travel

Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Number of Participants/Trainees

Subsistence

5. Other

Next Period

* ORGANIZATIONAL DUNS:										
* Budget Type: Project Subaward/Consortium										
Enter name of Organization:										
Reset Entries * Start Date: * End Date:	Budget Period: 4									
the Reset Entries button is pressed, plese navigate to previous year to en	able the submission of the form.)									
F. Other Direct Costs	Funds Requested (\$)									
1. Materials and Supplies										
2. Publication Costs										
3. Consultant Services										
4. ADP/Computer Services										
5. Subawards/Consortium/Contractual Costs										
6. Equipment or Facility Rental/User Fees										
7. Alterations and Renovations										
8.										
9.										
10.										
Total Other Direct Costs										
Total Oti	let birect costs									
G. Direct Costs	Funds Requested (\$)									
Total Direct (Costs (A thru F)									
H. Indirect Costs Indirect Cost	Indirect Cost									
Indirect Cost Type Rate (%)	Base (\$) * Funds Requested (\$)									
1.										
2.										
3.										
4.										
Tota	I Indirect Costs									
Cognizant Federal Agency										
(Agency Name, POC Name, and POC Phone Number)										
I. Total Direct and Indirect Costs	Funds Requested (\$)									
Total Direct and Indirect Institution	al Costs (G + H)									
J. Fee	Funds Requested (\$)									
K. * Budget Justification	Add Attachment Delete Attachment View Attachment									
(Only attach one file.)										

Previous	Period	RESEARC	H & RELATED BU	DGET - SEC	TION A & B, BUDG	ET PERIOD 5						
* ORGAN	NIZATIONAL DUNS:											
* Budget	t Type: Projec	t 📵 Suba	award/Consortium									
Enter na	nme of Organization	1:										
Reset E	ntries * Start	Date:	* End Date:	Budget	Period: 5							
f the Reset	t Entries button is pre	essed, plese navig	gate to previous year to e	enable the subm	ission of the form.)							
A. Senior/	Key Person						Cal.	Acad.	Sum.	* Requested	* Fringe	
Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Months			Salary (\$)		* Funds Requested (\$
Total Fun	do roquested for a	U Saniar Kay Ba	rsons in the attached f	L								
TOTAL FULL	ius requesteu for a	ii Seliioi Key Pei	isons in the attached i	ile						Total S	enior/Key Person	
Addition	nal Senior Key Pers	ono:			Add Attachment	Delete Attachme	nt Vi	ew Attach	ment			
Addition	nai Sellioi Rey Feis	ions.			/ lad / lited/illioni	Doroto / titadiiii i		01171110011				
B. Othe	r Personnel											
	mber of						Cal.	Acad.	Sum.	* Requested	* Fringe	
Per	rsonnel		*	Project Role			Months	Months	Months	Salary (\$)	Benefits (\$)	* Funds Requested (\$
	Post D	Ooctoral Associate	es									
	Gradu	ate Students										
	Under	graduate Students	s									
	Secre	tarial/Clerical										
							\vdash		H			
	Total	Number Other P	Personnel							Total	Other Personnel	

Total Salary, Wages and Fringe Benefits (A+B)

RESEARCH & RELATED Budget {A-B} (Funds Requested)

1. 2. 3. 4.

6. 7.

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 5 * ORGANIZATIONAL DUNS: * Budget Type: Project Subaward/Consortium Enter name of Organization: * End Date: **Budget Period: 5** * Start Date: Reset Entries (If the Reset Entries button is pressed, plese navigate to previous year to enable the submission of the form.) C. Equipment Description List items and dollar amount for each item exceeding \$5,000 * Funds Requested (\$) **Equipment item** 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Total funds requested for all equipment listed in the attached file **Total Equipment** Add Attachment Delete Attachment View Attachment **Additional Equipment:** D. Travel Funds Requested (\$) 1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) 2. Foreign Travel Costs **Total Travel Cost** E. Participant/Trainee Support Costs Funds Requested (\$) 1. Tuition/Fees/Health Insurance

Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Number of Participants/Trainees

Stipends
Travel
Subsistence

5. Other

* ORGANIZATIONAL DUNS:									
* Budget Type: Project Subaward/Consortium									
Enter name of Organization:									
Reset Entries * Start Date: * End Date:	Budget Period: 5								
the Reset Entries button is pressed, plese navigate to previous year to en	able the submission of the form.)								
F. Other Direct Costs	Funds Requested (\$)								
1. Materials and Supplies									
2. Publication Costs									
3. Consultant Services									
4. ADP/Computer Services									
5. Subawards/Consortium/Contractual Costs									
6. Equipment or Facility Rental/User Fees									
7. Alterations and Renovations									
8.									
9.									
10.									
Total Oth	ner Direct Costs								
G. Direct Costs	Funds Requested (\$)								
Total Direct (Costs (A thru F)								
Total Direct	Costs (A thru F)								
H. Indirect Costs Indirect Cost	Indirect Cost								
U. Indirect Costs									
H. Indirect Costs Indirect Cost	Indirect Cost								
H. Indirect Costs Indirect Cost Type Rate (%)	Indirect Cost								
H. Indirect Costs Indirect Cost Type Rate (%)	Indirect Cost								
H. Indirect Costs Indirect Cost Type 1. 2.	Indirect Cost								
H. Indirect Costs Indirect Cost Type 1. 2. 3. 4.	Indirect Cost								
H. Indirect Costs Indirect Cost Type 1. 2. 3. 4. Tota	Indirect Cost Base (\$) * Funds Requested (\$)								
H. Indirect Costs Indirect Cost Type 1. 2. 3. 4.	Indirect Cost Base (\$) * Funds Requested (\$)								
H. Indirect Costs Indirect Cost Type 1. 2. 3. 4. Cognizant Federal Agency	Indirect Cost Base (\$) * Funds Requested (\$)								
H. Indirect Costs Indirect Cost Type 1. 2. 3. 4. Tota Cognizant Federal Agency	Indirect Cost Base (\$) * Funds Requested (\$)								
H. Indirect Costs Indirect Cost Type 1. 2. 3. 4. Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number)	Indirect Cost Base (\$) * Funds Requested (\$) I Indirect Costs Funds Requested (\$)								
H. Indirect Costs Indirect Cost Type 1. 2. 3. 4. Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number) I. Total Direct and Indirect Costs	Indirect Cost Base (\$) * Funds Requested (\$) I Indirect Costs Funds Requested (\$)								
H. Indirect Costs Indirect Cost Type 1. 2. 3. 4. Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number) I. Total Direct and Indirect Institution	Indirect Cost Base (\$) * Funds Requested (\$) I Indirect Costs Funds Requested (\$) al Costs (G + H)								
H. Indirect Costs Indirect Cost Type 1. 2. 3. 4. Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number) I. Total Direct and Indirect Costs	Indirect Cost Base (\$) * Funds Requested (\$) I Indirect Costs Funds Requested (\$)								
H. Indirect Costs Indirect Cost Type 1. 2. 3. 4. Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number) I. Total Direct and Indirect Institution	Indirect Cost Base (\$) * Funds Requested (\$) I Indirect Costs Funds Requested (\$) al Costs (G + H)								
H. Indirect Costs Indirect Cost Type 1. 2. 3. 4. Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number) I. Total Direct and Indirect Institution	Indirect Cost Base (\$) * Funds Requested (\$) I Indirect Costs Funds Requested (\$) al Costs (G + H)								
H. Indirect Costs Indirect Cost Type 1. 2. 3. 4. Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number) I. Total Direct and Indirect Institution	Indirect Cost Base (\$) * Funds Requested (\$) I Indirect Costs Funds Requested (\$) al Costs (G + H)								

RESEARCH & RELATED BUDGET - Cumulative Budget

	Totals	s (\$)
Section A, Senior/Key Person		
Section B, Other Personnel		
Total Number Other Personnel		
Total Salary, Wages and Fringe Benefits (A+B)		
Section C, Equipment		
Section D, Travel		
1. Domestic		
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
Section F, Other Direct Costs		
1. Materials and Supplies		
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1		
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		
Section H, Indirect Costs		
Section I, Total Direct and Indirect Costs (G + H)		
Section J. Fee		